

JOINT STRATEGIC COMMISSIONING BOARD

Tuesday, 19 June 2018

Present:

Ms Paula	Cowan
Mr Paul	Edwards
Ms Nesta	Hawker
Ms Lorna	Quigley
Mr Michael	Treharne
Ms Sylvia	Cheater
Ms Linda	Roberts
Mr Alan	Whittle
Councillor	Chris Jones Bernie Mooney Stuart Whittingham
<u>Apologies</u>	Mr Simon Banks Dr Sue Wells

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Simon Banks and Sue Wells.

2 DECLARATIONS OF INTEREST

No declarations of interest were received.

3 DRAFT COMMISSIONING DECISION POLICY AND PROCEDURE

The Director of Commissioning and Transformation (Nesta Hawker) introduced her report and attached Draft Commissioning Decisions Policy and Procedure. Attached to it were:

- Appendix B – Service Contract Review Checklist
- Appendix C – Engagement and Consultation Guidance (V1.2 – May 2018)
- Appendix D – Guidance for Consultation Level

It was noted that Appendix A – Commissioning Decision Process Flow Chart would be added later once the governance process was drawn up. This would either be circulated to Members for information or the report, in its entirety, would be presented to the JSCB for its endorsement.

The Director informed that the policy outlined the principles, approach and processes which would be followed by Wirral Health and Care Commissioning (the Commissioner) to support effective decision making.

The Joint Strategic Commissioning Board (JSCB) was informed that its values were highlighted within the policy and these would underpin our decisions which were focused on ensuring the needs of people were at the centre of commissioning decision making and that processes would be clear and transparent.

Decisions would be taken to secure services that were safe, legal and also improved outcomes for the population in the administrative area. In doing this the JSCB would need to utilise resources effectively and maximise the use of the Wirral £.

The Policy covered decisions to invest, reinvest and dis-invest in services and included the process of reviewing existing contracts as part of contract management. The need to engage with stakeholders during the process of making a commissioning decision was highlighted within the Policy as was how this could inform and give assurance to the JSCB's decision making process.

Board Members were informed that this was a joint policy which, following approval, would be adopted by the Commissioner. It would ensure a consistent approach was adopted and that this process adhered to national guidance and best practice.

Board Members were told that existing services were being reviewed to ascertain whether they were still aligned to strategic plans and the Healthy Wirral Plan. The focus was on the benefits for the 3 Ps and making sure risk management and privacy guidelines were being taken into account. The general principles of engagement and consultation were being considered. Decommissioning was also being considered and why such a decision would be made. There would be impact assessments carried out on proposals.

Board Members also noted that an alternative approach would be to retain separate decision making policies. However, the Council did not currently have a published commissioning decision making policy or process. The absence of such a policy would present significant risk to the integrated commissioner.

A general discussion ensued around the following issues:

- How to gather positive patient feedback by being proactive and going out and asking questions and by using Patient Champion Councils.

- Impact Assessments on proposals to change the way services are commissioned and/or delivered.
- Levels of engagement - substantial service changes require scrutiny. Minor changes do not require consultation.
- The expectation for strong public engagement. Difficulties in trying to quantify the breadth of consultation available. How to consult with Public Advisory Groups and how to obtain patient's views?

It was noted that NHS Wirral had still to formally change its Constitution to allow the JSCB to make decisions on its behalf but in the interim the NHS Members agreed to

RECOMMEND:

That the Commissioning Decisions Policy and Procedure be adopted.

Wirral Borough Council's three Cabinet Members, sitting as a Committee of the Cabinet

RESOLVED:

That the Commissioning Decisions Policy and Procedure be adopted.

4 ELECTION OF CHAIRS

NHS Wirral Members reported that it had already been decided that Dr Sue Wells would be a joint Chair of the Joint Strategic Commissioning Board.

RESOLVED:

That Councillor Chris Jones be elected as a joint Chair (Cabinet Committee of Wirral Borough Council) of the Joint Strategic Commissioning Board for the remainder of the Municipal Year.

5 POOLED FUND FINANCE REPORT

The Senior Manager, Financial Services (Andrew Roberts) introduced a report that summarised the initial financial forecast of the pooled fund in 2018/19, as at the end of Month 2 (31 May 2018). It identified an initial forecast underspend of £0.2m, but also highlighted the risks posed by identified cost pressures brought to the pool of £3.4m.

The report also summarises the financial position of those areas being monitored 'in shadow' in 2018/19, against which there was an initial forecast underspend of £1.5m. However, initial cost pressures of £20.3m had been identified against the shadow pool, predominantly due to the Clinical

Commissioning Group's (CCG) Quality Innovation Productivity and Prevention (QIPP).

This was the first report on Pooled Fund Finance for 2018/19 and Members were informed that regular reports would be provided for the JSCB. The total funds contributed to the commissioning pool in 18/19 amounted to £131.1m as follows:

Description	£m
Adult Social Care	39.8
Public Health	12.4
Children & Young People	3.2
CCG	22.0
Better Care Fund	53.7
Total	131.1

The Senior Manager reported that this was the first step to greater integration. The Better Care Fund contribution to the pool had grown by £5.8m between 2017/18 and 2018/19 due to increases in the iBCF. The Adult Social Care contribution was comprised of packages of care and income in respect of learning disability (LD) and mental health (MH) service users. The Public Health contribution consisted of a range of services which were set out in the report. The Children and Young People's contribution was made up of packages of residential care and long term care in schools for children with LD. The CCG's contribution comprised packages of care for LD and MH service users as well as children's Continuing Care and Personal Health Budgets. This figure was £0.8m less than reported at PFEG 10/05/18 due to budget realignments in Adult Social Care, prompted by the full completion of the Month 1 forecast.

The Senior Manager also reported that the initial forecast underspend of £0.2m was due to the Council's initial income forecast in respect of joint funded income and client charges being slightly greater than had been budgeted for. This would be monitored on a monthly basis and any significant changes reported as early as possible.

It was noted that all Public Health schemes were initially forecast to spend to budget this year. Children and Young People's budgets were initially forecast to balance in the pooled fund, although work was continuing to identify any known pressures against these budgets. Both the CCG's schemes and the Better care fund had an initial forecast to spend to budget in 2018/19.

The JSCB noted that the pooled fund had an initial forecast underspend of £0.2m for 2018/19. However, a number of cost pressures had been identified in both the CCG and Adult Social Care, which would require mitigation. They were detailed in the report. Work was ongoing to quantify the mitigation

identified against these pressures. They would be shared with the JSCB as soon as they were confirmed.

Known mitigations include, but were not limited to:

- Additional grant funding
- More cost-effective commissioning
- Application of the social care precept
- Reviews of packages of care

The gain share on the pool had been agreed at 50:50. The risk share to be applied to the pool in FY1 would be based on the cost pressures identified at the start of the year i.e. £1.5m Adult Social Care and £1.9m CCG.

The risk/gain share in FY1 of the pool was therefore confirmed as follows:

- Risk Share: 56:44, weighted towards the CCG.
- Gain Share: 50:50.

The total funds contributed to the shadow pool in 18/19 amount to £525.9m, as per the table below:

Description	£m
Adult Social Care	49.8
CCG	476.1
Total	525.9

The JSCB considered the detail of the initial forecast for Month 2 of the shadow pool and noted that it had an initial forecast underspend of £1.5m for 2018/19. This was comprised of a small overspend (£0.5m) over in Adult Social Care and a planned £2.0m underspend in CCG. The overspend in Adults was due to an initial forecast of greater-than-anticipated demand for short-term care services, which would continue to be monitored on a monthly basis.

More CYP/Public Health budget was expected to be added to the pool in 19/20; work was continuing with these departments to establish which services may be in-scope for pooling in future years. Further details would be provided for the next meeting.

The JSCB was not asked to consider any other options.

A general discussion ensued around the following issues:

- Inclusion in future of savings target plans.
- Most of the QIPP is back loaded which brings with it certain risks.

- The key purpose of the JSCB is to develop a sustainable service. There is a need to focus on the management of risks and how to eradicate them.
- There was little mention of Children's Services in the report.

The NHS Wirral Members and Wirral Borough Council's three Cabinet Members, sitting as a Committee of the Cabinet

RESOLVED:

That the financial position of the pool at 31 May 2018 be noted.

6 RESPONSIBILITY FOR SYSTEM QUALITY

The Director of Quality and Safety (Lorna Quigley) introduced a report that mapped out Wirral Health and Care Commissioning's formal functions relating to service quality. It outlined the processes in place and how they translated into actions to improve service quality. The report also proposed areas where consistency of practice across these functions and the wider organisation could be ensured.

The JSCB noted that the Health and Social Care Act 2012 included the duty to continually drive improvements in the quality of services across a comprehensive health and care service and market. Quality was defined in statute as having three dimensions: safety, clinical effectiveness and patient experience.

It was noted that as an extended team, the Integrated Quality and Safeguarding Team were responsible for quality functions around 4 areas:

- Monitoring the quality of services
- Complaints and concerns
- Professional regulation
- Untoward Incidents

A table included in the report detailed each of these areas and how the different functions operated. It was noted that because the wide range of legislation, policy and processes in place for both the Council and the CCG, there was no single governance process to cover all these areas; it was the intention that where possible with shared functions, these would be aligned.

The Director reported that in 2016, partners in health and social care had worked with NHS England and a quality risk profile matrix had been established. The purpose of the tool was to ensure that there was a systematic review of the quality indicators, including those where the provider was delivering good quality across those metrics and using soft intelligence as support.

The information gathered from the various sources, reports were triangulated to identify the level of concern/risks and the actions that were required in order to improve quality. The JSCB noted that issues would be reported through the appropriate governance structure dependent upon the issue. Any significant failures identified would be escalated directly to the JSCB. This approach had been used successfully both locally and particularly when working with partners as it ensured that a systematic and consistent review was undertaken.

No other options were being considered at the present time.

A general discussion ensued around the following issues:

- The importance of the quality of the service and how it was being robustly monitored was very reassuring.
- All Commissioning Services – the whole spectrum were in scope as were none commissioned services provided to vulnerable people.
- The staff were fantastic and committed. It made sense that they were all joined up together. The Team was highly commended by the JSCB and the Director undertook to pass this on to the staff.

The NHS Wirral Members and Wirral Borough Council's three Cabinet Members, sitting as a Committee of the Cabinet

RESOLVED: That

- (1) **the functions, processes and governance in place in relation to quality and safety for Wirral Health and Care Commissioning be noted; and**
- (2) **the processes that are in place to identify quality concerns in order that action is taken in a planned and consistent manner be noted.**

7 **URGENT BUSINESS APPROVED BY THE CHAIR - DRAFT COMMISSIONING AND TRANSFORMATION STRATEGY**

In accordance with Section 100b(4) of the Local Government Act 1972 the Chair reported that because of an administrative error a report entitled 'Draft Commissioning and Transformation Strategy' had been missed from the agenda. She had agreed that the JSCB would consider this report as a matter of urgency because this strategy document was, in its effect, the terms of operation for the JSCB and it could not proceed to begin that operation until such time as it had been approved. It was therefore essential that the document be presented to this meeting of the Committee in Common for approval by the bodies and, if it were not for the administrative error in respect of the agenda printing, it would have been."

The Director of Commissioning and Transformation (Nesta Hawker) introduced a report which informed that the Strategy outlined the principles, approach and processes which would be followed by Wirral Health and Care Commissioning (WHCC) (the Commissioner) to support effective decision making. Attached to the Director's report was the draft Commissioning and Transformation Strategy.

This option involved a single joint commissioning decision making policy for WHCC. An alternative approach would be to retain separate decision making policies. However the Council did not currently have a published commissioning decision making policy or process. The absence of such a policy would present significant risk to the integrated commissioner.

The JSCB noted that the new process had been drawn up jointly by Council and CCG staff.

A general discussion ensued around the following issues:

- A three year plan must be drawn up by the integrated team that provided direction for its providers.
- There were financial pressures.
- Key Issues included an aging population and poorer health outcomes compared to the rest of England.
- Health and Care Organisations have not worked together in the past. People are admitted to hospital and spend too long there when they should have stayed at home. This and the way the organisations on Wirral worked had to change.
- The Commissioner must be an advocate for the public, look across the whole of the system and commission in a much better joined up way.
- The priority was to set up neighbourhood teams and empower them to look at local needs (Primary, Secondary, Mental Health, Social Care etc. all coming together).
- NHS Services and the Voluntary Sector should work together.
- A proposal to appoint a GP to act as a Neighbourhood Co-ordinator and consider local needs.
- The current system was very fragmented. The new approach would involve a system of collaboration and working together to deliver better outcomes for the people of Wirral.

Councillor Bernie Mooney declared a personal interest by virtue of her employment with Age UK.

The NHS Wirral Members and Wirral Borough Council's three Cabinet Members, sitting as a Committee of the Cabinet

RESOLVED: That

- (1) the Commissioning and Transformation Strategy be not adopted at this meeting; and
- (2) the Director of Commissioning and Transformation be requested to carry out further work on the draft Strategy outcomes, review the wording in some areas and present a revised document for adoption at the next meeting of the JSCB.

8 **DATE OF NEXT MEETING**

RESOLVED:

That it be noted that the next meeting of the JSCB will be held at 2pm on Tuesday, 21 August 2018 in the Council Chamber of Birkenhead Town Hall.